Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| "FEE | ADDRESS" | INDICAT | ION FORM |
|------|----------|----------------|----------|
|------|----------|----------------|----------|

| Address to: Mail Stop M Corresponde Commissioner for Patent P.O. Box 1450 Alexandria, VA 22313-145 | s - OR - | Fax to: 571-273-6500 | | |
|---|---|---|--|--|
| only an address represer fee purposes (hereafter, maintenance fees should When to check the first to check the second both in which case a complete | nted by a Customer Number ca fee address). A fee address sl I be mailed to a different addre box below: If you have a Cus box below: If you have no Custo ad Request for Customer Number | for application(s) listed on this form. In addition, an be established as the fee address for maintenance hould be established when correspondence related to ss than the correspondence address for the application. It tomer Number to represent the fee address. When mer Number representing the desired fee address, per (PTO/SB/125) must be attached to this form. For all of Patent Examining Procedure (MPEP) § 403. | | |
| For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with: | | | | |
| Customer Number: | 00197 | | | |
| OR | | | | |
| The attached Request for Customer Number (PTO/SB/125) form. | | | | |
| PATENT NUMBER (if known) | | APPLICATION NUMBER | | |
| | | 09/679,692 | | |
| Completed by (check one) | : | 2 . 1 . | | |
| Applicant/Inventor | | Signature | | |
| Attorney or Agent of red | Cord 31,195 (Reg. No.) | James C. Scheller Typed or printed name | | |
| Assignee of record of the entire interest. See 37 CFR 3.7 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | 3.71. (408) 720-8300 Requester's telephone number | | |
| Assignee recorded at R | leel Frame | July 12, 2011 Date | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below. | | | | |
| * Total of ONE | forms are submitted. | | | |

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 m inutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alex andria, VA 22313-1450. DO NOT SEND COMPLETE D FORMS TO THIS A DDRESS. SEND TO: Mail Stop M Correspondence, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.